

CALVARY CHRISTIAN ACADEMY

A Ministry of Calvary Chapel Aurora
18900 E. Hampden Avenue, Aurora, CO 80013 • 303.628.7200 • info@calvaryacademyaurora.org

RECORDS/CUMULATIVE INFORMATION REQUEST FORM • 2012/2013

Calvary Christian Academy will mail this records release request to the school you cite below. Please fill out this form completely.

| STUDENT INFORMATION <i>(please print)</i> | | |
|--|-----------------|-----|
| STUDENT NAME (LAST, FIRST, MIDDLE) <i>FULL LEGAL NAME</i> | DATE OF BIRTH | AGE |
| GRADE WHEN ENROLLED IN PREVIOUS SCHOOL <input type="radio"/> Kindergarten <input type="radio"/> Grade 1 <input type="radio"/> Grade 2 <input type="radio"/> Grade 3 <input type="radio"/> Grade 4 <input type="radio"/> Grade 5 <input type="radio"/> Grade 6 <input type="radio"/> Grade 7 <input type="radio"/> Grade 8 | | |
| PREVIOUS SCHOOL NAME AND ADDRESS | | |
| SCHOOL NAME | SCHOOL DISTRICT | |
| SCHOOL FULL MAILING ADDRESS <i>(include City, State, ZIP)</i> | SCHOOL PHONE | |

I hereby permit, and request, you to transfer the individual academic records for my student to:

Admissions
Calvary Christian Academy
18900 E. Hampden Avenue
Aurora, CO 80013

Phone: 303.628.7200

FAX: 303.628.7205

Please include all health, scholastic, and other pertinent records. Thank you for your cooperation.

| PARENT/GUARDIAN RELEASE | | |
|----------------------------------|-------------------|-------------------|
| PARENT/GUARDIAN NAME | PARENT MAIN PHONE | PARENT WORK PHONE |
| PARENT/GUARDIAN SIGNATURE & DATE | | |